Effective January 1, 2002

### REPORT OF EXPERIENCE FOR SELF INSURERS

For Experience Rating Purposes

## FILL IN BLANKS WHERE APPLICABLE TO REFLECT INCURRED LOSSES AND PAYROLLS EXPENDED UNDER THE WORKERS' COMPENSATION LAW

Report Policy Number					Submitting Carrier										Adm. File No.				
Effectiv	/e Date	Term	E	xpiration D	ate			Insured											
Cond. 91		92	93	94	95 96		5	97	98	Other	r								
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	TOTALS			XXXX			Тот	ALS			XXXX	X			X	X	XX	X	
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Effective January 1, 2002

### REPORT OF EXPERIENCE FOR SELF INSURERS

For Experience Rating Purposes

# FILL IN BLANKS WHERE APPLICABLE TO REFLECT INCURRED LOSSES AND PAYROLLS EXPENDED UNDER THE WORKERS' COMPENSATION LAW

Report Policy Number Submitting Carrie									IDE	K IIIL	VVOK	v .	Adm. File No.						
Effective	Date	Term	Exp	Expiration Date Ir						sured									
Cond.	91	92	93	94	4	95	96	; !	97	98	Oth	er							
				ı		-	PREVIO	USLY RI	EPOR	RTED	I					REVISED*			
Claim Number or Number of		Accident Date or Revised			ı	Incurred Los				C L O			Class Code	I N J	Incurred	Losses	0 C L 0 O		
Claims Prev. Reported		Number o Claims		Class 5 Code		Indemnity		Medic	cal	P S E E N D	Loss Cov	Cat. No.			Indemnity	Medical	PE SE N D	Loss Cov.	Cat. No.
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Employe	er, her	eby certify	that the	e info	rma	ation giv	en in	the fo	rego	oing rep	oort is c	orrect to	o the be	st of	my knowled	dge and be	elief.		
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Effective January 1, 2002

### REPORT OF EXPERIENCE FOR SELF INSURERS

For Experience Rating Purposes

### FILL IN BLANKS WHERE APPLICABLE TO REFLECT INCURRED LOSSES AND PAYROLLS EXPENDED UNDER THE WORKERS' COMPENSATION LAW

				YROLL	S EXPE	NDED	UNI	DER <sup>-</sup>	THE '	WORK	ERS' COMP	ENSATION LAV	N		
Report	t Policy Number Submitting Carrier												Adm. File No.		
Effective Date Term Expiration					Date Insured										
Cond.	91	92	93	94	95	96	9	97	98	Other	-				
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STATE	OF TEX	AS													
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